| State of California Department of Social Services                        |                      | Noa Msg Doc No: M40-107f Action: Other Issue: CalWORKs 60-Month Time Limit Title: Extended Beyond 60 Months of Aid |   |                         |
|--------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|---|-------------------------|
| Auto ID No.: Source : Issued by : Reg Cite : 40-107.147, 42-302, 42-302. | 11, 42-302.21,42-712 | Use Form No.<br>Original Date<br>Revision Date                                                                     | : | NA 530<br>11-01-02, New |
| MESSAGE:                                                                 |                      |                                                                                                                    |   |                         |
| 郡政府確定,在最近一次時間限制通知<br>時,你,,在你一会<br>工作機會和向孩子負責任計畫(Cal WC<br>限制中,已使用了總共個月。  | 生只可領取60個月加州          |                                                                                                                    |   |                         |
| 至,你,,已使用<br>月的現金補助。但是,因為你的狀況<br>定,你可以繼續領取現金補助。                           |                      |                                                                                                                    |   |                         |
| 你的狀況會被再次審核,以決定你是否可維                                                      | <b>繼續領取補助。</b>       |                                                                                                                    |   |                         |
| 原因如下:                                                                    |                      |                                                                                                                    |   |                         |
| 從上一次的時間限制通知起,你領取了Cal                                                     | WORKs:               |                                                                                                                    |   |                         |
| 自至                                                                       | = 個月。                |                                                                                                                    |   |                         |
| 丕算在內的月份:                                                                 | 個月。                  |                                                                                                                    |   |                         |
| 使用月份增加了:                                                                 | 個月。                  |                                                                                                                    |   |                         |
| 已使用月份總數現在是                                                               | 個月。                  |                                                                                                                    |   |                         |
| 假如你享有免除,月份數就沒有算在CalWo<br>這些月份在下一頁上列出。                                    | ORKs 60 個月的時限內。      |                                                                                                                    |   |                         |
| 最後一頁顯示子女贍養是如何應用於                                                         | 免除月份。                |                                                                                                                    |   |                         |

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\_\_ 沒有為在你的補助單位(AU)裡的孩童收取子女贍養。

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 ——年 一月 二月 三月 四月 五月 六月 七月 八月 九月 十月 十一月 十二月

 ——年 一月 二月 三月 四月 五月 六月 七月 八月 九月 十月 十一月 十二月

INSTRUCTIONS: Use at 60th month on aid to inform an adult recipient that s/he reached the 60 month time

## Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.

limit but continues on aid because s/he meets an extender criterion.

- Date that 60 months were used.
- Period(s) of time the family was eligible to receive aid (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months), since the last time limit NOA.
- Number of months that did <u>not</u> count toward the time limit (i.e. exemptions, ZBG months, and sanctioned months), since last time limit NOA.
- Number of additional months of aid used since last time limit NOA.
- Total number of months (60 months).
- Check appropriate box for child support time limit exemption and use addendum for child support time limit exemption if applicable.
- The year and number of months that did not count on page two, (use continuation page NA 270.)